## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1996

**Application or Docket Number** 

924785

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                         |                                                      |                                                                                          |                                    |             |                                  |                                  | SI         | OTHER THA<br>SMALL ENTITY OR SMALL ENTI |                        |       |                     |                        |  |  |  |
|------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------|-------------|----------------------------------|----------------------------------|------------|-----------------------------------------|------------------------|-------|---------------------|------------------------|--|--|--|
| FOR                                                                    | FOR N                                                |                                                                                          | R FILED                            | NUMBER      |                                  | EXTRA                            | R/         | ATE                                     | FEE                    |       | RATE                | FEE                    |  |  |  |
| BASI                                                                   | C FEE                                                |                                                                                          |                                    |             |                                  |                                  |            |                                         | 385.00                 | OR    |                     | 770.00                 |  |  |  |
|                                                                        | L CLAIMS                                             | 46                                                                                       | minus                              | 20 =        | .26                              |                                  | x\$        | 11=                                     |                        | OR    | x\$22=              | 572                    |  |  |  |
|                                                                        | PENDENT CLA                                          | AIMS 8                                                                                   | minu                               | s 3 =       | <u>*5 -</u>                      |                                  | x4         | IO=_                                    |                        | OR    | x80=                | 400                    |  |  |  |
| MULTIPLE DEPENDENT CLAIM PRESENT                                       |                                                      |                                                                                          |                                    |             |                                  |                                  |            | 30=                                     |                        | OR.   | +260=               | ,,,,,,                 |  |  |  |
| If the difference in column 1 is less than zero, enter "0" in column 2 |                                                      |                                                                                          |                                    |             |                                  |                                  |            |                                         |                        |       | 1                   | ma                     |  |  |  |
|                                                                        |                                                      |                                                                                          |                                    |             |                                  |                                  |            |                                         | TOTAL OR TOTAL 1740    |       |                     |                        |  |  |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)           |                                                      |                                                                                          |                                    |             |                                  |                                  |            |                                         | ENTITY                 | OR    | OTHEI<br>SMALL      | R THAN<br>ENTITY       |  |  |  |
| A                                                                      |                                                      | CLAIMS REMAINING                                                                         |                                    |             | SHEST<br>IMBER                   | PRESENT                          |            |                                         | ADDI-                  | -     |                     | ADDI-                  |  |  |  |
| Ž                                                                      |                                                      | AFTER                                                                                    |                                    | , .         | VIOUSLY<br>ID FOR                | EXTRA                            | RA         | NTE                                     | TIONAL<br>FEE          | 12    | RATE                | TIONAL<br>FEE          |  |  |  |
| DWE                                                                    | Total                                                | : 46                                                                                     | Minus                              | **          | 46                               | = _                              | x\$        | 11=                                     |                        | OR    | x\$22=              |                        |  |  |  |
| AMENDMENTA                                                             | Independent                                          | . 8                                                                                      | Minus                              | ***         | 8                                | = 1                              | x4         | 0=                                      |                        | OR    | x80=                |                        |  |  |  |
| A                                                                      | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM       |                                                                                          |                                    |             |                                  |                                  |            | 30=                                     |                        | OR    | +260=               |                        |  |  |  |
|                                                                        |                                                      |                                                                                          |                                    |             |                                  |                                  | T<br>ADDIT | OTAL                                    |                        | OR    | TOTAL<br>ADDIT. FEE |                        |  |  |  |
|                                                                        |                                                      | (Column 1)                                                                               |                                    |             | olumn 2)<br>GHEST                | (Column 3)                       |            |                                         |                        |       |                     | 1                      |  |  |  |
| ENDMENT B                                                              |                                                      | REMAINING<br>AFTER<br>AMENDMENT                                                          |                                    | NU<br>PRE\  | IMBER<br>VIOUSLY<br>ID FOR       | PRESENT<br>EXTRA                 | R/         | ATE                                     | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |  |
| MOT                                                                    | Total                                                | *                                                                                        | Minus                              | **          |                                  | =                                | x\$        | 11=                                     |                        | OR    | x\$22=              |                        |  |  |  |
| AMEN                                                                   | Independent                                          | *                                                                                        | Minus                              | ***         |                                  | n                                | <b>x</b> 4 | lO=                                     |                        | OR    | x80=                |                        |  |  |  |
| Ą                                                                      | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM       |                                                                                          |                                    |             |                                  |                                  | +13        | 30=                                     |                        | OR    | +260=               |                        |  |  |  |
| (Column 1) (Column 2) (Column 3)                                       |                                                      |                                                                                          |                                    |             |                                  |                                  |            | OTAL<br>FEE                             |                        | OR    | TOTAL<br>ADDIT. FEE |                        |  |  |  |
|                                                                        |                                                      | CLAIMS                                                                                   |                                    | <del></del> | olumn 2)<br>GHEST                | (Column 3)                       |            |                                         |                        |       |                     | T                      |  |  |  |
| ENT C                                                                  |                                                      | REMAINING<br>AFTER<br>AMENDMENT                                                          |                                    | NU<br>PRE\  | JMBER<br>VIOUSLY<br>ID FOR       | PRESENT<br>EXTRA                 | R/         | ATE                                     | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |  |
| MQI                                                                    | Total                                                | *                                                                                        | Minus                              | **          |                                  | =                                | x\$        | 11=                                     |                        | OR    | x\$22=              |                        |  |  |  |
| <b>AMENDMENT</b>                                                       | Independent                                          | *                                                                                        | Minus                              | ***         |                                  | =                                | X4         | 0=                                      |                        | OR    | x80=                |                        |  |  |  |
| ٧                                                                      | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= |                                                                                          |                                    |             |                                  |                                  |            |                                         | OR                     | +260= |                     |                        |  |  |  |
| *** If t                                                               | he "Highest Nur<br>he "Highest Nur                   | mn 1 is less than th<br>mber Previously Pa<br>mber Previously Pai<br>ber Previously Paid | id For" IN THIS<br>id For" IN THIS | S SPACE     | E is less than<br>E is less than | 20, enter "20."<br>3, enter "3." | ADDIT      |                                         | priate hov in          |       | TOTAL<br>ADDIT. FEE |                        |  |  |  |

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998



08/924785

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |                                                |                      |                                 |                                 |                                                             |                                        |                 | MALLENTITY OTHER THAN |                        |    |                     |                        |
|--------------------------------------------------------------------------|------------------------------------------------|----------------------|---------------------------------|---------------------------------|-------------------------------------------------------------|----------------------------------------|-----------------|-----------------------|------------------------|----|---------------------|------------------------|
| FOR                                                                      |                                                |                      | NUMBE                           | R FILED                         | NUMBER                                                      | EXTRA                                  | RA              | ΓΕ                    | FEE                    |    | RATE                | FEE                    |
| BASIC FEE                                                                |                                                |                      |                                 |                                 |                                                             |                                        | ب<br>ب<br>نامند | 380.00                | OR                     |    | 760.00              |                        |
| то                                                                       | TAL CLAIMS                                     |                      | 41                              | o minus 2                       | 20= *                                                       | 26                                     | X\$             | 9=                    |                        | OR | X\$18=              | 468.                   |
| IND                                                                      | EPENDENT CL                                    | AIMS                 | 5                               | <u> minus</u>                   | 3 = * [                                                     | Š                                      | X39             | <del>)</del> =        |                        | OR | X78=                | 3911                   |
| MULTIPLE DEPENDENT CLAIM PRESENT                                         |                                                |                      |                                 |                                 |                                                             |                                        |                 | 0=                    |                        | OR | +260=               | <u> </u>               |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                                |                      |                                 |                                 |                                                             |                                        | TOT             | AL                    |                        | OR | TOTAL               | 1548                   |
|                                                                          | С                                              | S AS A               | MENDED                          | OTHER THAN                      |                                                             |                                        |                 |                       |                        |    |                     |                        |
| (Column 1) (Column 2) (Column 3)                                         |                                                |                      |                                 |                                 |                                                             |                                        |                 | LL                    | ENTITY                 | OR | SMALL               | ENTITY                 |
| AMENDMENT A                                                              |                                                | REM.<br>AF           | AIMS<br>AINING<br>TER<br>IDMENT |                                 | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR                 | PRESENT<br>EXTRA                       | RAT             | E                     | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
| NDW                                                                      | Total                                          | *                    |                                 | Minus                           | **                                                          | =                                      | X\$ 9           | 9=                    | :                      | OR | X\$18=              |                        |
| AME                                                                      | Independent                                    | *                    |                                 | Minus                           | ***                                                         | =                                      | X39             | )=                    |                        | OR | X78=                |                        |
| _                                                                        | FIRST PRESE                                    | NTATIO               | ON OF MU                        | JLTIPLE DEF                     | PENDENT CLAIM                                               | A .                                    | +130            | )=                    |                        | OR | +260=               |                        |
|                                                                          |                                                |                      |                                 |                                 | TC<br>ADDIT.                                                | TAL                                    |                 | OR                    | TOTAL<br>ADDIT. FEE    |    |                     |                        |
|                                                                          |                                                | (Colu                | ımn 1)                          |                                 | (Column 2)                                                  | (Column 3)                             | ADDII.          | rce (                 |                        |    | ADDII. 1-EE         |                        |
| AMENDMENT B                                                              |                                                | REM.<br>AF           | AIMS<br>AINING<br>TER<br>IDMENT |                                 | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR                 | PRESENT<br>EXTRA                       | RAT             | Έ                     | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
| NDN                                                                      | Total                                          | *                    |                                 | Minus                           | **                                                          | - =                                    | X\$ 9           | )=                    |                        | OR | X\$18=              | 2                      |
| AME                                                                      | Independent                                    | *                    | N OF M                          | Minus                           | ***                                                         | 1=                                     | X39             | =                     |                        | OR | X78=                |                        |
|                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                      |                                 |                                 |                                                             |                                        |                 |                       |                        | OR | +260=               |                        |
|                                                                          |                                                |                      |                                 |                                 |                                                             |                                        | TO<br>ADDIT.    | TAL                   |                        | OR | TOTAL<br>ADDIT. FEE |                        |
|                                                                          | lemannelland sales abblaca democratica et a    |                      | umn 1)                          | Frankrike of Frankrike in       | (Column 2)                                                  | (Column 3)                             |                 |                       |                        |    |                     |                        |
| AMENDMENT C                                                              |                                                | REM/<br>AF           | AIMS<br>AINING<br>TER<br>IDMENT |                                 | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR                 | PRESENT<br>EXTRA                       | RAT             | Ε                     | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
| MON                                                                      | Total                                          | *                    |                                 | Minus                           | **                                                          | =                                      | X\$ 9           | =                     |                        | OR | X\$18=              |                        |
| ME                                                                       | Independent                                    | *                    |                                 | Minus                           | ***                                                         | =                                      | X39             | ┇                     |                        | OR | X78=                |                        |
|                                                                          | FIRST PRESE                                    | NTATIO               | N OF MU                         | JLTIPLE DEF                     | PENDENT CLAIM                                               | 1                                      |                 | $\dashv$              |                        |    |                     |                        |
| * 1                                                                      | f the entry in colu                            | mn 1 is la           | ess than th                     | e entry in colu                 | mn 2, write "0" in c                                        | olumn 3                                | +130            |                       |                        | OR | +260=               |                        |
| **                                                                       | f the "Highest Nu<br>If the "Highest Nu        | mber Pre<br>mber Pre | rviously Pa<br>eviously Pa      | id For IN THI<br>aid For IN THI | S SPACE is less the S SPACE is less the Independent) is the | an 20, enter "20."<br>an 3, enter "3." | ADDIT. F        |                       | ropriate he            |    | TOTAL<br>ADDIT. FEE |                        |

## PATENT APPLICATION FEE DETERMINENT N RECORD Effective October 1, 2000

Application or Docket Number

08/924785

|             |                       | Litectiv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | cuipper           |                                                 |                                |                               | <del></del>            |                     |                             |                        |
|-------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------|--------------------------------|-------------------------------|------------------------|---------------------|-----------------------------|------------------------|
|             |                       | CLAIMS AS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   | SMALL I                                         | ENTITY                         | OR                            | OTHER<br>SMALL         |                     |                             |                        |
|             |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | column 1)         |                                                 | mn 2)                          |                               |                        |                     |                             |                        |
| FC          | )R                    | NUMBE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | R FILED           | NUMBER 8                                        | ~\ I I V                       | RATE                          | FEE                    |                     | RATE                        | FFE                    |
| ВА          | SIC FEE               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                                                 |                                |                               | <b>3 3 5 5</b>         | OR                  |                             | 8740                   |
| то          | ITAL CLAIMS           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 55 minus 2        | 20= • ·                                         | 15                             | X\$ 9=                        |                        | OR                  | X\$18=                      | 270                    |
|             | EPENDENT CL           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7 minus           | 3 = *                                           | 4                              | XI <del>- </del> O=           |                        | OR                  | ×8.4=                       | 336                    |
| MU          | ILTIPLE DEPEN         | +135 =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   | OR                                              | 280=                           |                               |                        |                     |                             |                        |
| * If        | the difference i      | olumn 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TOTAL             |                                                 | OR                             | TOTAL                         | 13:56                  |                     |                             |                        |
|             | CL                    | _AIMS AS A<br>(Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MENDEC            | OTHER THAN SMALL ENTITY OR SMALL ENTITY         |                                |                               |                        |                     |                             |                        |
| AMENDMENT A |                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR   | (Column 3) PRESENT EXTRA       | RATE                          | ADDI-<br>TIONAL<br>FEE |                     | RATE                        | ADDI-<br>TIONAL<br>FEE |
| DME         | Total                 | .35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Minus             | * 35                                            | =                              | X\$ 9=                        |                        | OR                  | X\$18=                      |                        |
| ME          | Independent           | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Minus             | *** 7                                           | =                              | ×40=                          |                        | OR                  | ×84=                        |                        |
| 1           | FIRST PRESE           | NTATION OF MI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ULTIPLE DE        | PENDENT CLAIM                                   | j                              | +/35 =                        |                        | OR                  | -280-                       | - <del></del>          |
|             |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |                                                 |                                | TOTAL                         | ļ ———                  | OR                  | TOTAL                       |                        |
|             |                       | 1 - 64                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   |                                                 | 20.                            | ADDIT. FEE                    | L                      | 1 ~. ,              | ADDIT. FEE                  | <del></del>            |
|             |                       | (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | leconomic and     | (Column 2) HIGHEST                              | (Column 3)                     |                               | 4==:                   | Ţ 1                 | <del></del>                 | 4851                   |
| AMENDMENT B |                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   | NUMBER<br>PREVIOUSLY<br>PAID FOR                | PRESENT<br>EXTRA               | RATE                          | ADDI-<br>TIONAL<br>FEE |                     | RATE                        | ADDI-<br>TIONAL<br>FEE |
| MON         | Total                 | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Minus             | · ##                                            | =                              | X\$ 9=                        | <i>.</i>               | OR                  | X\$18=                      |                        |
| ME          | Independent           | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Minus             | ***                                             | =                              | X40=                          |                        | OR                  | ×84±                        | ,                      |
| 1           | FIRST PRESE           | NTATION OF M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ULTIPLE DE        | PENDENT CLAIM                                   |                                |                               | <del></del>            | 1                   | 00                          |                        |
|             |                       | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |                                                 | +135=                          |                               | OR                     | ***                 |                             |                        |
|             | ~                     | The state of the s |                   |                                                 | TOTAL<br>ADDIT, FEE            | Ĺ                             | OR                     | TOTAL<br>ADDIT. FEE |                             |                        |
|             |                       | (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   | (Column 3)                                      |                                |                               |                        |                     |                             |                        |
| ENTC        |                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   | (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR   | PRESENT                        | RATE                          | ADDI-<br>TIONAL<br>FEE |                     | RATE                        | ADDI-<br>TIONAL<br>FEE |
| M           | Total                 | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Minus             | **                                              | =                              | X\$ 9=                        |                        | OR                  | X\$18=                      | 1                      |
| AMENDMENT   | Independent           | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Minus             | ***                                             | =                              | X40=                          | 1 .                    |                     | ×84                         |                        |
|             |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   | DENIDENT OF ALL                                 |                                |                               | <b> </b>               | OR                  | <b></b>                     | 1                      |
| ۲           | FIRST PRESE           | NTATION OF M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ULTIPLE DE        | PENDENI CLAIM                                   |                                |                               | 4                      | 1                   | ~ /\cdot                    | 1                      |
|             | · <del>I</del>        | <del> </del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |                                                 |                                | +135=                         |                        | OR                  | +280                        |                        |
| :           | If the entry in colur | mn 1 is less than t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | the entry in colo | uma 2, write "0" in co<br>IIS SPACE is less tha | olumn 3.<br>an 20, enter "20." | +135 =<br>TOTAL<br>ADDIT. FEE |                        | 1                   | +280<br>TOTAL<br>ADDIT. FEE |                        |

Application or Docket Number PATENT APPLICATION FEE DETERMINENT ON RECORD Effective atober. 1, 2000 **CLAIMS AS FILED - PART I** SMALL ENTITY OTHER THAN (Column 2) (Column 1) TYPE [ SMALL ENTITY FOR NUMBER EXTRA NUMBER FILED RATE FEE RATE FEE BASIC FEE 38:5 JR 25 minus 20= TOTAL CLAIMS X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = XUZ OR MULTIPLE DEPENDENT CLAIM PRESENT OR \* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR **CLAIMS AS AMENDED - PART II** OTHER THAN SMALL ENTITY OR (Column 1) SMALL ENTITY (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL TIONAL AMENDMENT AFTER RATE PREVIOUSLY **EXTRA** AMENDMENT PAID FOR FEE FEE Total 35 Minus X\$9=X\$18=OR Independent Minus X43= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= OR TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) 4 \je CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT AMENDMENT RATE TIONAL TIONAL **AFTER PREVIOUSLY** RATE **EXTRA** AMENDMENT PAID FOR FEE FEE **Total** Minc:: X\$ 9= X\$18= OR Independent Minus X43 XSb OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 145 OR 290= TOTAL TOTAL ADDIT. FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT AMENDMENT **AFTER** TIONAL **PREVIOUSLY** RATE TIONAL RATE **EXTRA** AMENDMENT **PAID FOR** FEE FEE **Total** Minus X\$18= X\$ 9= OR Independent Minus X43 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR +145 +290 OR If the entry in column 1 is less than the entry in column 2, write "0" in column 3. \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." \*\*\*\* Thighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL TOTAL OR ADDIT, FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.